

In The Name of Allah, Most Gracious, Most Merciful
MCMC FACILITY RENTAL REQUEST AGREEMENT

1000 Hoes Lane, Piscataway, NJ 08854

Phone:(732)463-2004 Fax:(732)463-2057 Website: www.mcmcnj.org email: events@mcmcnj.org

Name of Organization: _____ Application Date: _____

Address: _____ Telephone No: _____ E-Mail: _____

Name/Title of Contact Person: _____

Event Purpose/Title: _____ Speaker : _____

FACILITY REQUESTED:

Main Prayer Hall (2nd Floor): (Brothers); _____ (Sisters); _____ (Both) _____

1st Floor: _____ Basement: (Not Available) Other : _____

DATE(S) OF USE:

Day: _____ Date: _____ Time: _____ From _____ To _____

MCMC EQUIPMENT REQUESTED:

If use is granted, the responsibility for setting up for an activity and the use of the equipment rests with the requesting group (See Instructions).

Tables # _____ Chairs # _____ Microphones: _____ Others: _____

Will Admission to Event be charged? _____ Amount.: \$ _____

Use of Proceeds goes to: _____

Total Number of People Expected: _____

Children: _____ Families: _____ Brothers: _____ Sisters: _____

Youth (Girls 13 or above): _____ Youth (Boys Only): _____

Facility usage Charges are Listed Below:

Description / Facility Usage	Fee
Religious Program with free admission for community	Free
Any Occasion where food is served (Covers seating & dumpsters Charges)	\$400
If admission/registration charged, 10% of the proceed to be paid to MCMC w/application	10%
Use of single class room for meeting/religious class (fee-free attendance)	Free
Refundable deposit (held for cleaning /damage to MCMC property)	\$100

Based on the above information, your estimated charges are (to be determined after submission and approval of application): _____

Terms, Conditions & Instructions: The Applicant agrees to Terms & Conditions noted below:

1. Application Form can be downloaded online at www.mcmcnj.org or can be picked-up from MCMC Office (732-463-2004). You can send e-mail to MCMC Event Representative at events@mcmcnj.org and cc' to info@mcmcnj.org. Please do not forget to include Application Date.
2. Completed & Signed application must be filed with the MCMC Administrator at the MCMC Office, 1000 Hoes Lane, Piscataway, NJ 08854. Incomplete and unsigned Applications will delay the processing procedure, forfeiting your requested date.
3. Community groups/members using MCMC facilities should be familiar with and required to comply with the rules and regulations for use of such facilities.
4. A copy of this application will be returned to the requesting organization indicating application is Approved, Rejected or need Additional information. Evaluator's will provide comments/reasons/justification for applications that are rejected or need additional information for processing by an email or telephone.
5. All activities should conform to Islamic guidelines. Islamic dress code and behavior should be observed all time.
6. Children must be supervised at all times. Cooking is not permitted at MCMC. Food is allowed only in basement area.
7. Applicant will be responsible for set up of chairs & tables which must be put away after use.
8. Applicant will be responsible for cleaning of tables, chairs & floor after use and disposal of garbage in dumpster outside.
9. Applicant will assume full responsibility for all damages to all MCMC property.
10. MCMC will not be held liable for injury to any person using MCMC facility.
11. All fees/deposit must be paid at least 2 weeks prior to the event.
12. If this application request is for Youth Boys (only) OR Youth Girls (only) OR combined Youth (Boys & Girls), please provide Names and Contact Information of Three (3) Supervisors/Chaperons:

NAME	PHONE NUMBERS & E-MAIL

If the Event requested is for overnight of Youth (Boys/Girls) on MCMC Property then the Supervisors/Chaperons must be three (3) Parents of the participating youth (boys/girls) respectively. Supervisors are subject to approval by the MCMC Shura or their appointed Committee. Supervisors are required to complete and sign a separate Supervisor's Form.

By signing below, I /We understand the above stated charges and agree to the rules/regulations.

Signature of Representative/Organization	Date

This Application has been: Approved _____ Rejected: _____

Additional Information Required: _____

Reviewed & Recommended By: _____ **Application No:** _____

Special Events Committee	Date	Imam	Date

Approved By:

MCMC President	Date	MCMC Secretary	Date

Event Request and Approval Process (for information only)

MCMC will create a new functional committee to handle all requests for events to be held/hosted in MCMC facilities. The name of this committee shall be "**Special Events Committee**"

This Committee shall have three (3) members including at least one (1) Majlis-e-Shura member.

This Committee will (with the help of MCMC administrator(s)) have the following responsibilities:

- (1) Maintain an 'Event Request Form' to be used for MCMC community to utilize for requesting any events.
- (2) Maintain an event calendar for all recurring, approved, and provisionally approved events.
- (3) Monitor and manage events@mcmcnj.org email address which will be publicized to MCMC community to be used for any event requests. This email shall be checked at least twice a week.
- (4) Maintain ongoing communication with MCMC administrator for all events that are submitted in-person in MCMC office or requests that are submitted via email or fax transmittal. MCMC administrator will need to inform the chair of the '**Special Events Committee**' ASAP (or within the same or next working day) when such requests are made. Any requests sent to MCMC via email other than events@mcmcnj.org will be forwarded to this email.
- (5) Review and submit evaluation every week to the Imam and MCMC president/secretary.
- (6) Review urgent requests when such requests have merits. The chair of the Committee will complete review of such a request or delegate it to one of the members to conduct an emergency evaluation. Responses for such emergency requests will be sent to requesters within three (3) working days.
- (7) This Committee shall utilize the following evaluation criteria to recommend approval, rejection, or solicit more information. In case of rejection the chair of the Committee will provide reasons for his/her recommendation.

Evaluation Criteria:

- a. All requests are made using the approved MCMC Event Request Form, at least two weeks in advance.
- b. The requested event is Islamically not objectionable. In case of doubt, the request form is to be reviewed and approved by MCMC Imam.
- c. The requested event is legally not objectionable.
- d. Space requested is available for the requested dates/times. The Committee may ask/recommend cancelling a recurring event to make the space available to this request if appropriate. In such case the organizer of the recurring event will be informed immediately to avoid any inconveniences. This Committee will try to minimize such cancelling and will not cancel events in last minutes.
- e. In case the request is for recurring event, the organizer of the recurring event will be informed that recurring events will be cancelled from time to time to make space available to other events. The Committee may also suggest changes to dates/days/times/frequency of such recurring events.
- f. The number of attendees is within legal limits of the requested space/facility.
- g. The party requesting the events is in good standing status with MCMC based on past events.
- h. Adequate supervision and names of required supervisors/chaperons provided.
- i. The party requesting the event has paid all previous dues including the fee for requested event to MCMC.